## **RCG-2** List of Charitable Game Workers

## **Read this information first**

In order for the individuals listed in Step 2 to participate in the management or operation of your charitable game events, all requested information must be complete and we must receive this form at least 14 days prior to the earliest event date listed in Step 1.

Item 2. In addition, the presiding officer and secretary listed on Form RCG-1, Charitable Game Application for License, must sign this form.

	Step 1: Write your charitable game license number and event dates							
	Charitable game license no. CG							
2 This charitable game workers' list is for the following charitable game event dates:								
	Month Day Year Month Day Year		//					
S	tep 2: List those who will participate in y	our	events					
List below the members, employees, or volunteers of your organization who will participate in the management or operation of your charitable game events. If more than 24 individuals will be participating in such activities, additional Forms RCG-2 must be completed. Setting up, cleaning up, selling concessions, working in the kitchen, or providing security for persons or property does not constitute participation in the management or operation of a charitable game event. The following individuals are ineligible to work charitable			game events: those who are professional gamblers, those who have been convicted of a felony within 10 years of the date your Form RCG-1, Charitable Game Application for License, was filed, those who have been convicted of any violation of the Criminal Code of 1961, Article 28, or those who are employed by or have any interest in any person, firm or corporation that holds a charitable game provider's or supplier's license.					
1	Name (print or type)	6	ame (print or type)					
	Number and street, city, state, ZIP	N	Imber and street, city, state, ZIP					
	Social Security number Date of birth	So	cial Security number Date of birth					
2	Name (print or type)	7 <sub>Na</sub>	ame (print or type)					
	Number and street, city, state, ZIP	Nı	Imber and street, city, state, ZIP					
	Social Security number  Date of birth		cial Security number Date of birth					
3	Name (print or type)	8	ame (print or type)					
	Number and street, city, state, ZIP	N	Imber and street, city, state, ZIP					
	Social Security number Date of birth	So	cial Security number Date of birth					
4	Name (print or type)	9 <sub>Na</sub>	ame (print or type)					
	Number and street, city, state, ZIP	N	umber and street, city, state, ZIP					
	Social Security number Date of birth	So	cial Security number Date of birth					
5	Name (print or type)	10 <sub>Na</sub>	ame (print or type)					
	Number and street, city, state, ZIP	Nu	Imber and street, city, state, ZIP					
	Social Security number Date of birth	So	ricial Security number  Date of birth					

11	Name (print or type)		Name (print o	or type)	
	Number and street, city, state, ZIP		Number and s	street, city, state, ZIP	
	Social Security number	Date of birth	Social Securit	ty number	/
12	Name (print or type)		19 Name (print o	or type)	
	Number and street, city, state, ZIP			street, city, state, ZIP	
	Social Security number	Date of birth	Social Securit	ty number	Date of birth
13	Name (print or type)		20 Name (print o		
	Name (print or type)  Number and street, city, state, ZIP			or type) street, city, state, ZIP	
	•	Date of birth		ty number	Date of birth
14	Name (print or type)		21 Name (print o	or type)	
	Number and street, city, state, ZIP			street, city, state, ZIP	
	Social Security number		Social Securit	ty number	Date of birth
15	Name (print or type)		Name (print o	or type)	
	Number and street, city, state, ZIP		Number and s	street, city, state, ZIP	
	Social Security number	Date of birth	Social Securit	ty number	Date of birth
16	Name (print or type)		Name (print o	or type)	
	Number and street, city, state, ZIP		Number and s	street, city, state, ZIP	
	Social Security number	Date of birth	Social Securit	ty number	Date of birth
17	Name (print or type)		Name (print o	or type)	
	Number and street, city, state, ZIP		Number and s	street, city, state, ZIP	
	Social Security number	Date of birth	Social Securit	ty number	Date of birth
	ep 3: Sign below		460 001-1-1		
abc lice	ereby certify under penalties of perjury ove are bona fide members, volunteers, nsed organization; that none of them performent or operation of more than four charit	or employees of the articipated in the manage-	tion or compo	ensation directly or in	of them will receive any remunera- ndirectly for participating in the charitable game event conducted
Presi	iding officer	Date	Secretary		Date